PRINTED: 08/25/2016 FORM APPROVED

Division	of Health Service R	equiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BURLDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL055004	B. WING		07/2	1/2016
NAME OF	PROVIDER OR SUPPLIER	\$TREET AD	ORESS, CITY,	STAYE, ZIP CODE		
NORTH	BROOK REST HOME	1611 NOR VALE, NO		III SHCOOL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of a Biennia Miller on July 21, 2	al Construction Survey by Ed 016.				
	Records indicate that North Brook Rest Home, Inc. facility was first licensed on 10/04/1990. Therefore, we are requiring this facility to meet the 1987 Rules of Homes For The Aged and Disabled (Minimum Standards and Regulations) and Infirm "Minimum and Desired Standards and			CONSTRUCTION	SECTION	1 77 P. A. C.
5				SEP 1 2 2	016	
	2005 Regulations for more Beds. The Building Code Volu	e applicable portions of the or Adult Care Homes of Seven 1978 North Carolina State me I - General Construction, tional Occupancy-(I). Facility VE BEDS.		RECEIV	ED	
	Deficiencies were r Correction.	noted which require a Plan of				
C 133	Bathrooms-Hand G	Brips	C 133			
	rooms are: (6) Hand grips sha	05 PHYSICAL Ints for bathrooms and toilet Ill be installed at all and showers used by or				
	 Based on obse provide commodes 	et as evidenced by: rvation, the facility failed to tubs and showers accessible and grips. This deficiency				
	affects all residents not providing increa	who use theses fixtures by ased safety, controlled against and maneuverability at the				
vision of He	alth Service Regulation	PERISUPPLIER REPRESENTATIVE'S SIGN	HATTING A			
Ren	Lee Da	/ / / /	uinis	tration 29	-10-	000) DATE 2016
TATE FOR	1	The state of the s		5Y4F21	if continue	tion sheet 1 of 6

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY DENTIFICATION NUMBER: A BUILDING: 01 COMPLETED HAL055004 B. WING 07/21/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1611 NORTH BROOK III SHCOOL ROAD NORTH BROOK REST HOME VALE, NC 28168 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY: C 133 Continued From page 1 C 133 Othe shower grip bottom support has been repaired and no longer loose. 9/6/16 Bedroom 1 Bathroom - the shower grip had a loose bottom support. C 150 Corridors-Free of equipment and Obstructions C 150 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, corridors were not free of all equipment and other obstructions. This would affect all residents, staff and visitors by slowing or obstructing egress during an emergency. Findings on July 21, 2016: The 3 crowd control 7/21/16 Front Entrance - the exit door was blocked with three crowd control bollard with retractable belts. belts have been C 160 Outside Premises-Clean, Safe removed. C 160 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition: This Rule is not met as evidenced by: Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on July 21, 2016: Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING: 01 HAL055004 8. WING _ 07/21/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE, ZIP CODE 1611 NORTH BROOK III SHCOOL ROAD NORTH BROOK REST HOME VALE, NC 28168 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 160 Continued From page 2 C 160 Right Entrance - the metal post supporting metal post supporting the parch and handrail the porch and hand rail had peeling paint and rust had developed. aux been sanded & painted b. Left Entrance - the metal post supporting the metal post supporting porch had peeling paint and rust had developed. porch has been sanded c. Left Entrance - the wooden post against the building was loose. In addition the guard rail was painted. missing about 1/3 of its middle. @ Wooden post against 8/3/16 the building has been C 164, Housekeeping and Furnishings-Clean, Repaired C 164 secured. The middle has been replaced SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; have furniture clean and in good repair. (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on Observation, the facility failed to keep walls, ceitings, floors or floor coverings and furniture clean and in good repair. @ Light justine has been 9/6/16 Findings on July 21, 2016: Right Porch - the globe to the light fixture was D Staff/ Visitor Restroom 8/3/10 exhaust fan has twen secured Staff/Visitor Restroom - the exhaust fan was falling out of the ceiling. Pool Table Room - the Bathroom door had @ Pool Jable Bathroom door son paint peeling. d. Bedroom 1 - there was no chair in the room. (A chair edded to Bedroom 1. 7/21/10 for the single occupy. e. Bedroom 2 - there was no chair in the room. @ Achair added to Bedroom 2. 7/21/14 for the single occupy. @ 2 chairs added to Bedram 3, 7/21/16 Bedroom 3 - there was 1 chair in the room, for the three occupies.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING, 01 B. WING HAL055004 07/21/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 1611 NORTH BROOK III SHCOOL ROAD NORTH BROOK REST HOME VALE, NC 28168 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) (D (XII) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC (DENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 164 Continued From page 3 C 164 @ one chair added to Becker 4. 7/21/1 Bedroom 4 - there was 3 chairs in the room. D Juo Chairs adoled to Redroom 5, 7/21/16 for the four occupies. Bedroom 5 - there was 1 chair in the room. for the three occupies. C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done. This could affect all residents, staff and visitors if items are broken and left where they could injure all. all acoustical ceiling tiles 9/1/16 that wer ajar, have been Findings on July 21, 2016: Entire Building - many of the acoustical ceiling tiles were ajar, and not properly seated in properly seated in the the ceiling grid. b. Kitchen - there were missing acoustical ceiling tile around the hood extinguishing tank. missing acoustical ceiling 8/8/16 The Room across from Staff Bedroom - the tele in Retchen around hard corridor closet was missing its acoustical cailing cerebriqueshing tank has been repeaced. tiles in this area. d. Bedroom 1 Bathroom - the towel bar's 1 measing acousticul tile mounting brackets were left attached to the wall exposing sharp and rough edges, which someone could get hurt on. Bedroom 1 Bathroom - the toilet paper's mounting brackets were left attached to the wall exposing sharp and rough edges, which someone:

Division of Health Service	Regulation		FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
	TOUR PLANTON NUMBER	A BUILDING: 01	COMPLETED
	HAL055004	8. WING	07/04/04/0
NAME OF PROVIDER OR SUPPLI	ER STREET A	DDRESS, CITY, STATE, ZIP CODE	07/21/2016
NORTH BROOK REST HO		RTH BROOK III SHCOOL ROAD	
	VALE, N	C 28168	
PREFIX : BACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACTIV TAG CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE COMPLETE HE APPROPRIATE DATE
mounting bracke exposing sharp a could get hurt on g. Group Bathro bar's mounting bracket wall exposing sharp someone could g. h. Bedroom 1 - the acoustical ceil. Bedroom 3 - corridor had a star j. Bedroom 5 - the acoustical ceil k. Cross-Corridor base did not cover ceiling tile. C 189 Building Equipme SECTION .0300 - 10A NCAC 13F .0 REQUIREMENTS (a) The building somechanical, and proceeding condition (k) This Rule shall be operating condition (k) This Rule shall facilities with the elements on observe safe and in operating care in operating safe and in operating care and in operating	sathroom - the toilet paper's its were left attached to the wall and rough edges, which someone com near Kitchen - the towel rackets were left attached to the arp and rough edges, which let hurt on, the corridor closet had a hole in ling tile. The second closet from the sined acoustical ceiling tile, the corridor closet had a hole in ling tile. The corridor closet had a hole in ling tile. The corridor closet had a hole in ling tile. The hole through the acoustical of the maintained Safe, Operating of PHYSICAL PLANT of the maintained in a safe and in a safe and in the hole through the continuous emaintained in a safe and in the hole through the safe and in the hole through the safe and in the maintained in a safe and in the properties. The safe and in the condition of the properties are the sevidenced by: The safe are the safe and in the properties are the properties. The safe and ingle condition. This would affect the safe and in the	Described Saper on Brachels rem Described Sano me brachels have removed. Distance closet certing tile X Ostained acousting tile X Taconstial cert	ounting 7/22/16 eventing 7/22/16 heer acoustical 9/6/16 as been replaced cal caling 9/6/16 cling tile 9/6/16 ling tile 9/6/16
residents, staff and	s visitors if they could not way to an exit during an		

	Division	of Health Service R	egulation			FOR	MAPPROVED
ı	STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	OC21 MRIETO	PI E CONSTRUCTION		
ļ	MUTTOR	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A SUILDING: 01			E SURVEY
1				1	. · ·	1	PLETED
ļ			HAL055004	B. WING			
1	NAME OF	PROVIDER OR SUPPLIER	4			07/	21/2016
l					, STATE, ZIP CODE		
ĺ	NORTH	BROOK REST HOME	1611 NOF VALE, NO	RTH BROOK	K III SHCOOL ROAD		
ľ	(X4) ID	SUMMARY STA	TEMENT OF DESIGNATION	_			
ľ	TAG	REACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL	ON OF	(205)
L			O TO EAST FIRE INFORMATION)	TAG	CHOSS-REFERENCED TO THE APPRO	PRIATE	DATE
ľ	C 189	Continued Consu			DEFICIENCY)		
	0 100	Continued From page	ge 6	C 189			
		emergency.					
		Findings on July 21,	2016:		60		7/26/16
		8 Cross-Corridor	Doors - the self-luminous exit		@ Bull replaced a	ind	
		sign was partially illu	iminated on normal nower		the self luminous	ٺ	
		making it difficult to	read the word "EXIT". Evir		exit sear fully is	llum	enated
		complete information	luminated to convey		on normal Bower in	rackin	
		edress.	n related to the means of		it easy to read "t	=xix	
	:	4	the exit sign did not work on		DEN'T DEAN TURBER	oou.	7/24/16
		normal power.	are exit sign did not work on		DENIT segn works o	wite	the "
			ront Corridor and Main				
		Corridor - the exit sig	an did not work on normal	(D Front corridor/main Exit sign works on fower with new by	Corn	Pa 7/24/1
		power.	on herman		Exit sign works on	non	1/20/1
	- 1	_	j		Power in 21 mans in		
		Based on observ	ration, the Building was not		The second second	ceas :	
		maintained in a safe	and operating condition, by				
		dans without the	egress from all areas can be				
	1	cone without the use	of keys, tools or, special				1
	1.	and visitors if someo	This could affect some staff				1
		Findings on July 21,	ne becomes trapped inside.			ĺ	1
	1	B. Right Exit Door -	the panic hardware device		men		mb lak
		look special effort to	operate (strength)		France Transmuare des	reen:	1/26/16
			the state (on origin).	1	has been adjusted to	not	
	- 1	Based on observe	ation, the electrical system	į	Otanic hardware der has Iwan adjusted to take special effort.	to opi	rute.
	: 1	was not being mainta	ined safe.		, ,,	/	- 1
	F	indings on July 21, 2	2016:	è	DExtension Cord has removed in Bedroom 5 removed in Manager	4	Jalila
		 Bedroom 5 - a win 	ndow air conditioner was	1	removed in Bank on C	neco	- 4/6/16
	: 1	olug into an extension	1 cord.		O		
	v	vas plug into an exter	nsion cord.	5	removed in manager	Bedur	- " "
			1		0		
	. 4	Based on observa	ations, the Building fire			į	İ
	; 8	arety was not mainta	ined in a safe and operating	,			- 1
		ondition. This could	expose residents, staff and			i i	
	v	isitors to fire/smoke i	f not contained in Room or				
		ompartment of origin			D. 1. latel services		7/26/16
	a	indings on July 21, 2 Dining Room - the	Corridor done did and to		and many to the	1	1/20/10
	in	to its frame.	corridor door did not latch	6	The latch repaired and now latches at frame in Dining R		
ķ		h Service Regulation		e	new frome in sining K	רקקט	

STATEMA	n of Health Service R ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIERICLIA			FORM APPR
AND PLA	N OF CORRECTION	IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVI
			A BUILDING	X 01	COMPLETED
NACCE .		HAL055004	B. WING		
	PROVIDER OR SUPPLIER	STREET	VDDRESS, CITY	STATE. ZIP CODE	07/21/201
NORTH	BROOK REST HOME	1611 NO	RTH BROOK	III SHCOOL ROAD	
(X4) ID	SUMMARY STA	VALE, N	C 28168	TT	
PREFIX		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS REFERENCED TO THE	LOUGHUR ON CO.
C 189	Continued From page	pe 6	7	DEFICIENCY)	i
			C 189	OHole above th	armostation 1
	the indiminustable not	n - there was a hole above firestop as it penetrate the	1	has been fill	ed with 4/6
	· · · · · · · · · · · · · · · · · · ·	Wall assumbly bliques at		DHole above the has been fill fire block ma	to 14
:	spread of fire and sr	noke.		p day ma	ceccae,
-			!		
j	5. Based on observ	mtlee the man			ĺ
1	maintained in a safe	ration, the Building was not and operating condition, by			
	naming to ensure that	POTORS from all assess	1		į
	AND MINISTER USE USE	Of Keys tools or associat			
	MINIORIGUGE OF BITORY	Discould affect comment or			#
1	and agricus it someof	De becomes transped invite.			
	· manage up July Z L .	711A			/
1	a. Med Room - the	door was equipped with 2	•	The ture hasp to	ardware 7/25
	overnide devices.	as and padlocks without	-	danies frame Le	an same
- 1	b. Pool Table Room	the Bears	-	n Inmed Room	and for the state
1.6	equipped with a barre	holt on the outside	6	The barrel late	: Tran 1/25/
		- Sout out the outside.		The two hasp to devices have to The barrel late been removed	4
C 199 E	Exhaust Ventilation	1	0	Pool Table Room	
1			C 199	1000 10000 FORM	
3	ECTION .0300 - PH	YSICAL PLANT			
3.1	0A NCAC 13F .0311 REQUIREMENTS	OTHER			
10	1) The spaces lines	in this Base	-		ĺ
. 0	rovided with exhaust	in this Paragraph shall be ventilation at the rate of			
tv	vo cubic feet per min	ventilation at the rate of ite per square foot. This			
1 %	Mondright Gods DOLS	anniv to facilities Essessing			
1 44	41016 APIN 1, 1984, W	ID natural upplication is			1 1
	ASS SPECIMED SDRCBS	,	ſ		
: (1) soiled linen storage) ;	:		:
12) soil utility room;		Ē		
(4)	bathrooms and tolk	et rooms;	!		
(5)) housekeeping close) laundry area.	ets; and			1
10	This Rule shall can	y to new and existing			
(k)	app	or ore different manual and had been	į.		
(k)	citiles with the except	tion of Possessing			
: 1945	calities with the except sich shalf not apply to	IOD of Patacenh (a)			:

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AMO DI AL	NT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIP	LE CONSTRUCTION		
	OF GUMBLESION	IDENTIFICATION NUMBER:	A. BUILDING			E SURVEY PLETED
		HAL055004	B. WING			24 1204
AME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS CITY	SYATE, ZIP CODE	071	21/2016
NORTH	BROOK REST HOME	1611 NOF	RTH BROOK	III SHCOOL ROAD		
		VALE, NO	28168			
PREFIX			ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE API DEFICIENCY)		SHOULD BE	COMPL DAT
C 199	Continued From pa	ge 7	C 199			-
	This Rule is not me		50	CONSTRUCTION SECT		1
	 Based on Obse 	rvation and testing with a thin		TON SECT	lou.	
91	plastic sheet, the fac	cility failed to maintain the		SEP 1 2 2016	UN	
	could affect all could	proper working order. This ents, staff and visitors by	3	Pr- 2016		-
	preventing the exhau	usting of adors		CELVE		
	Findings on July 21.	2016:	(6	The local Elle	ust.	nh.
	a. Bedroom 1 - the	local exhaust ventilation	i	Westelaten Synte	m and	7/26/
	and the light units lig	allowing a build-up of odors	1	been replaced	· Kao	
	b. Bedroom 2 - the	local exhaust ventilation	Č	Dercal enterest	rentiles	acom bu mi
	system did not work,	allowing a build-up of odors.	Ţ	Local exkanot	renew	11 7/
ļ			Ī	system has been	i repla	well
				The reconstructions of a		
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